

OSCAR REPORT 3
HISTORY FACILITY PROFILE

WEST JORDAN CARE CTR PROVIDER #: 46G011 FACILITY BEDS TYPE ACTION: RECERTIFICATION
3350 W 7800 S PHONE NUMBER: (801) 282-0686 TOTAL: 82
WEST JORDAN UT 84088 PARTICIPATION DATE: 02/10/1978 CERTIFIED: 82 TYPE OWNERSHIP: PRIVATE NON PROFIT
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 01/30/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 82
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TOTAL: 79	BEGINNING: 04/01/2003	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 03/31/2004	-- ---- --
MEDICAID: 0	EXTENSION:	82
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - 03/12/2003

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
04/2000	02/2001	01/2002	01/30/2003		
X	X		X C	01/30/2003	STD W0109-COMPLIANCE WITH SANITATION LAWS
X		X			STD * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
	X				STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
		X			STD * W0249-ACTIVE TREATMENT PROGRAM IMPLEMENTED WHEN IPP FORMULATED
			X C	02/28/2003	STD W0325-ANNUAL PHYSICAL INCLUDES ROUTINE LABORATORY EXAMS
			X C	02/28/2003	STD W0362-DRUG REGIMEN REVIEWED BY PHARMACIST AT LEAST QUARTERLY
			X C	02/04/2003	STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
			X C	03/10/2003	STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
			X C	02/13/2003	STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X		X C	03/11/2003	STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
		X			STD W0440-EVACUATION DRILLS HELD AT LEAST QUARTERLY
X					STD W0466-DIETS PREPARED IN ACCORDANCE WITH RECOMMENDED ALLOWANCES

EDITION OF LSC APPLIED

85 EXIST PRIOR 3 SURVEY	85 EXIST PRIOR 2 SURVEY	85 EXIST PRIOR 1 SURVEY	85 EXIST CURRENT SURVEY	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
04/2000	02/2001	01/2002	01/30/2003		
	X				K0025-SMOKE PARTITION CONSTRUCTION
X		X			K0029-HAZARDOUS AREAS - SEPARATION
	X	X	X F		K0050-FIRE DRILLS
	X				K0056-AUTOMATIC SPRINKLER SYSTEM
X					K0059-WATER FLOW DEVICE
X					K0062-SPRINKLER SYSTEM MAINTENANCE
	X	X	X C	01/30/2003	K0074-COMBUSTIBLE CURTAINS
					K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
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CONDITION	0	0	0	0
STANDARD	7	3	3	3
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	2	1	1
HEALTH TOTAL	7	3	3	3
LIFE SAFETY CODE	2	3	4	3
LIFE SAFETY CODE + HEALTH	9	6	7	6

STATUS OF DEFICIENT COPS
CURRENT SURVEY

DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
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COP 0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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01/21/1999	UNSUBSTANTIATED
03/21/2001	SUBSTANTIATED
05/02/2002	UNSUBSTANTIATED
05/29/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY